

Civil Service Board
City of Reading
Application for Examination

Competitive Class

Paramedic

(This is a non-firefighting position)

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, sexual orientation, marital or veteran status, gender identity, expression or political affiliation.

General Instructions:

This application **MUST** be carefully and correctly completed, with all the questions answered in ink, in the applicant's own handwriting. A line drawn through a blank space or a "ditto" mark will not be considered an answer to a question. If the space provided for an answer is not sufficient, then attach a separate sheet with detailed information to complete the question. (Please indicate the number of the question of which you are continuing your response on this separate attached sheet.)

EVERY QUESTION IN EVERY SECTION MUST BE COMPLETED IN ORDER FOR THE CIVIL SERVICE BOARD OF THE CITY OF READING TO ACCEPT THE APPLICATION AS COMPLETE.

After this document is completed entirely, but before it is submitted, it must be executed before a person qualified to administer oaths or affirmations before its submission to the Human Resources Office. Any false statement or omission of fact shall disqualify the applicant for examination, eligibility or subsequent appointment.

Your signature on this application indicates you desire to be a competitor, with a view toward entering service for the City of Reading, in the examination to be scheduled for the position of **Paramedic**. Falsification of this application may subject applicant to non-hiring, discipline, or termination.

Please return completed application to City Hall – Human Resources Office Room 3-03 along with a non-refundable check or money order payable to the City of Reading in the amount of \$50.00. Application closing date will be determined by the Fire Civil Service Board.

Human Resources Department – Hours of Operation Monday – Friday 8:00 am – 4:00 pm
Questions regarding the application process may be emailed to firecivilservice@readingpa.gov

**Human Resources Department
Attn: Civil Service
815 Washington Street, Room 3-03
Reading, PA 19601**

(Name Printed)

(Date)

(Signature)

(Date)

Questionnaire

PLEASE PRINT IN INK

Date: _____

I am submitting this application for Paramedic

- ☐ I am a PA Paramedic, Prehospital Registered Nurse, or Nationally Registered Paramedic.

PA Certification Number _____

National Registry Certification Number _____

- ☐ I am currently enrolled in an accredited Paramedic Program. Anticipated graduation date _____

1. _____
Name (Last, First, Middle Initial)

2. _____
Nickname(s), Alias(es) or any other changes in name

3. _____
Present Residence Address

City State Zip Code

4. _____
Mailing Address (if different from residence address)

City State Zip Code

5. _____ - _____ - _____ / ____ / ____
Social Security Number Date of Birth (mm/dd/yyyy)

6. (____) _____ - _____ (____) _____ - _____
Home Phone Number Cell Phone Number

7. Are you a U.S. Citizen? _____ (Yes/No)

8. Are you claiming City Residency? _____ (Yes/No)

9. If naturalized, list the following:

Naturalization Number Date

Place Court

10. Email Address: _____

11. How did you hear about becoming a Paramedic with the City of Reading?

- ☐ Advertisement (Please specify) _____
- ☐ Friend
- ☐ Relative
- ☐ Other

12. List below your residences over the past ten (10) years. Please begin with your current address and list the date you moved to that residence and the date you left that residence.

Address	City	State, Zip Code	From: (date)	To: (date)

13. **Motor Vehicle Operators License:**

List the following information concerning any operations license(s) you have held or hold.

Type of License	Number	Issuing Authority/State	Expiration Date

14. Education: List all high school's attended.

Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No) Indicate GED/HS Diploma

15. Higher Education: List all colleges or universities attended.

Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)
Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)

16. Other Training:

List any school or training, vocational, trade or military that you have attended that you feel would help you in the field.

Name of School	Address	City, State, Zip Code	Years Attended	Graduate (Yes/No)

17. Special Qualifications:

List any special licenses such as PILOT, RADIO OPERATOR, ETC. AND SKILLS.

License Name	Issuing Authority	Date Issued	Graduate (Yes/No)

18. Employment:

Begin with your most recent employer and list your work history, including part-time and seasonal employment in the past ten (10) years.

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

Start Date:	End Date:	Job Title:
Company Name:	Name of Supervisor/Title:	City/State/Phone:

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19. **Military Status:** (please check the correct answer)

Yes

No

Have you ever served in the U.S. Armed Forces?		
Have you ever served more than 180 consecutive days in the U.S. Armed Forces? <i>(If so please attach a copy of the DD-214 showing the 180 days of service and honorable discharge.)</i>		
If in the military, were you ever convicted of any crime graded as a misdemeanor or felony? <i>(If yes, attach a separate sheet, listing date of conviction, location, type of court or court martial, charge and action taken or sentence imposed.)</i>		
Do you claim veteran's preference?		
Are you currently a member of the U.S. Reserve or State Guard Unit?		

***If you answered yes and you are currently members of either the U.S. Reserve or State Guard Unit please complete the following:

- Grade & Service Number: _____
- Service & Component: _____
- Organization/Station/Unit Address: _____

- Re-service Obligation, if any: _____
- Selective Service Number: _____
- Last Classification: _____
- Date Start: _____ Date End: _____
- Local Board: _____
- Board Address: _____

20. Do you use, consume, buy or sell illegal narcotics or controlled substances? _____

(Yes/No)

a. If yes, please attach a separate sheet with a detailed explanation.

21. Have you ever used or tried illegal narcotics or controlled substances in the past ten (10) years? _____

(Yes/No)

22. Have you ever applied for a position with any other department or Government agency?

_____ (Yes/No)

If yes, please list below:

Department/Agency	Date Applied	Current or Still Active

23. Character References:

Name of Reference	Address	Home Phone	Work/Cell Phone	Relationship/Years

I hereby authorize investigation of all statements contained in this application. I hereby further agree to undergo a medical examination by a physician selected by the Civil Service Board or by the City of Reading, at any time before or during employment by the City of Reading, and hereby authorize the examining physicians to render to the City of Reading complete reports of such examinations.

I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or separation from the City's service, if I have been employed. I agree, if employed, to abide by all City rules and regulations. I understand that all employment is based upon the need of the employer for such services as I may render and that all such employment is at the will of the employer.

Applicant Name Printed

Date

Applicant Signature

Date

Mailing Street Address

City

State

Zip Code

Applicant should list here his or her mailing address at the time of filing application. The Board or Secretary should be immediately notified in writing of any change of this address.

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____ : ss.

On the _____ day of _____, _____, the personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

NOTIFICATION PROCEDURE RELEASE

In the processing procedure required for applicants, it may become necessary to contact the applicant in the event they are being given further consideration for the position of **Paramedic**.

If conventional methods fail in attempting to contact the applicant, a certified-registered letter will be sent to the applicant's mailing address (as indicated on the submitted application). Should the registered letter be returned indicating that it was unclaimed or undeliverable the applicant will be eliminated from further processing and consideration.

It is the applicant's responsibility to notify the City of Reading Civil Service Board, in writing, of the address change. By affixing your signature to this form the applicant acknowledges that they have read and understood the contents of this procedure.

Applicant Name (printed)

Date

Applicant Signature

Date

City of Reading, PA Personal Information Release

TO:

- Any Registrar, Dean Principal, or Other Authorized Person at a School (University, College, High School, Trade School or other)
- Any Past or Present Employer or Any Credit Bureau
- Any Law Enforcement Agency, or Any Department or Agency of a City, County, State or Federal Government
- Any Doctor, Hospital, Clinic, Sanatorium or Psychologist
- Any Landlord, Real Estate or Rental Agency, Mortgage Institution, Public Utility, or Neighbor
- Any Person Having Knowledge of My Conduct Activities.

I _____ Born _____
(Name First, Middle Initial, Last) (Date of Birth)

Also known as: _____
(Nickname, Aliases, and Maiden Name if Applicable)

Hereby authorize the City of Reading, Pennsylvania or authorized representative bearing this release or copy thereof, to conduct appropriate inquiries, including but not limited to personal interviews and record checks, for determination of my eligibility to be a Paramedic for the City of Reading, Pennsylvania. I authorize all persons who may have information or documents relevant to these inquiries to disclose and/or provide copies of it to the City of Reading, Pennsylvania or its agent, and I hereby release all persons from liability on account of true and accurate disclosures.

The information obtained from these inquiries is for the official use of the City of Reading, Pennsylvania and will not be disclosed to other parties except as permitted by me or as may be required by the law. This authorization is valid for a period of two (2) years from the date given below.

A photocopy of this authorization is to be considered as valid as the original. Should there be any question as to the validity of this authorization, I may be contacted as indicated below. Questions may also be directed to the City of Reading, Human Resources, 815 Washington Street, Room 3-03, Reading, PA 19601.

Signature: _____ Date: _____

Address: _____ Phone: (_____) _____

Social Security Number: _____ - _____ - _____

Driver's License No. _____ State: _____ Class: _____

All applications received will be reviewed to determine eligibility for testing based on the established minimum requirements. Applicants must be at least 18 years old, must hold a valid driver's license. At the time of hire must be a Paramedic or PHRN Pre Hospital Registered Nurse in the Commonwealth of Pennsylvania. The selection process will include:

1. A written Civil Service Examination - TBA Passing grade of 70% or higher.
2. Oral Interviews and Physical Fit for Duty - TBA
3. Finalists will be required to complete a background check to include criminal history and child abuse clearances, a physical examination, drug test, and driver's license check. Finalists will be notified in writing of dates of this process.
4. Veteran and City Residency points will be added to the overall final scores.

- The written test is an entry level firefighter exam. We recommend purchasing a study guide online at <https://www.publicsafetycompass.com> – FF EL Study Guide

Questions regarding the application process may be emailed to firecivilservice@readingpa.gov

Request for Job Applicant Information

The City of Reading is an equal opportunity and affirmative action government contractor. In compliance with government regulations, we are required to record numbers of job applicants by sex and ethnic category. We ask that you indicate your race or national origin and sex.

You are not required to provide this information. This information will not be kept with your application and will be used only in accordance with state and federal regulations.

Check One:

☐ Female
☐ Male

Check One:

☐ Asian
☐ Black/African American
☐ Hispanic
☐ Native American/Alaska Native
☐ Native Hawaiian/Pacific Islander
☐ White
☐ Two or More Races

Job Title(s) Applied for:

Paramedic

Date of Job Application:

If you have any questions about the government requirements or this request, please contact the Human Resources Department at 610-655-6012 or by email firecivilservice@readingpa.gov.

